CLAIMS ONLY

Application Number	Filing Date
10/684619	

Applicant(s)

09-28-06

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8			1				58						
9				/			59						
10				/			60						
11			1				61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			3				Total Indep						
Total Depend			17				Total Depend						
Total Claims			20				Total Claims						